

(FY 2012) PIA: System Information		*Green Highlight = Must Answer Question	*Yellow Highlight = Required to Sign PIA
Program or System Name (as shown in SMART): OMB Unique System / Application / Program Identifier UPID #):	(AKA:	REGION 12-VHA>VSN20-Walla Walla VAMC>LAN 029-00-02-00-01-1120-00	
<p>Description of System/ Application/ Program : "must match what is stated in System Security Plan (SSP)" ***Do not type more than allotted space!!!***</p> <p>The Local Area Network (LAN) is a general support system, supporting mission-critical and other systems necessary to conduct day to day operations within the Veteran's Health Administration. Applications and devices within the LAN support numerous areas, medical imaging, supply management, decision support, and education.</p>			
Facility or Program Office Name:	Jonathan M. Wainwright VAMC		
Title: Privacy Officer:	Name: Laurie Beauchamp	Phone: 509-525-5200 22740	Email: laurie.beauchamp@va.gov
Information Security Officer:	Sandra Lee	509-525-5200 26434	sandra.lee@va.gov
System Owner/Delegate:	Gary Ramer	509-527-3469	gary.ramer@va.gov
Chief Information Officer:	Gary Ramer	509-527-3469	gary.ramer@va.gov
Information Owner:	Brian W. Westfield	509-527-3450	brian.westfield@va.gov
Other Titles:			
Person Completing Document:	Laurie Beauchamp	509-525-5200 22740	laurie.beauchamp@va.gov
Other Titles:	Privacy Officer/Chief HIMS		
Date of Last Full Approved PIA by VACO Privacy Services: (MM/YYYY)	03/2009		
What specific legal authorities authorize this program or system:	ADAS for Privacy and Records		
What is the expected number of individuals that will have their PII stored in this system:	16839		
Identify what stage the System / Application / Program is at:	Operations/Maintenance		
The approximate date (MM/YYYY) the system will be operational (if in the Design or Development stage), or the approximate number of years the system/application/program has been in operation:	Over 15 years		
Is there an authorized change control process which documents any changes to existing applications or systems?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A : First PIA		
If No, (Explain on Tab 8)			
Is there a contingency plan in place to process information when the system is down?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A : First PIA		
Has a PIA been completed within the last three years?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A : First PIA		
FISMA QUESTIONS			
1. Is this a new system?	<input type="radio"/> Yes <input checked="" type="radio"/> No		
2. Does this system contain Federal information in identifiable form?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
3. Does the system include information on the public?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> National Security System under 40 U.S.C. 1103, a PIA is not required for this system		
4. Does the system contain sensitive PII?			

5. Is Federal-owned information in this system retrieved by name or unique identifier?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
6. What is the System of Records Notice (SORN) for this system?	24VA19	
7. Has this SORN been reviewed or updated within the last three years?	Yes last year	
Date of Report (MM/YYYY):	2-Mar-12	
<p>Any check mark in the boxes below will require a full PIA. Please continue to the next TAB and complete the remaining questions.</p> <p>If there is no Personally Identifiable Information on your system, please complete TAB 2 & TAB 12. (See Comment for Definition of PII)</p>		
<input checked="" type="checkbox"/> Have any changes been made to the system since the last PIA? <input type="checkbox"/> Is this a PIV system/application/program collecting PII data from Federal employees, contractors, or others performing work for the VA? <input checked="" type="checkbox"/> Will this system/application/program retrieve information on the basis of name, unique identifier, symbol or other PII data? <input type="checkbox"/> Does this system/application/program collect, store, or disseminate PII/PIF data? <input checked="" type="checkbox"/> Does this system/application/program collect, store or disseminate the SSN?		
Directions		

(FY 2012) PIA: System of Records

***Green Highlight = Must Answer Question**

1. Is a SORN (System of Records Notice) Required?
2. Is there a SORN already in place?

***If Yes, select all of the appropriate SORN number(s):

***If Not Sure, continue to question 3

- Yes No Not Sure

***Click to add. Delete SORN by highlighting SORN and comma if included and press the Delete key or place focus on area to delete all SORNS.

LIST OF SORN NUMBER(S) :

24VA19

For each applicable System(s) of Records, list:

3. If records are retrieved using any of the following entities, A SORN will be required

(Please check all that apply)

<input type="checkbox"/> Full Name
<input type="checkbox"/> Maiden Name
<input type="checkbox"/> Mother's Maiden Name
<input type="checkbox"/> Alias
<input type="checkbox"/> Social Security Number
<input type="checkbox"/> Passport Number
<input type="checkbox"/> Driver's License Number
<input type="checkbox"/> Taxpayer Identification Number
<input type="checkbox"/> Financial Account Number
<input type="checkbox"/> Credit Card Number
<input type="checkbox"/> Street Address
<input type="checkbox"/> Email Address
<input type="checkbox"/> Photographic Image
<input type="checkbox"/> Fingerprints
<input type="checkbox"/> Handwriting
<input type="checkbox"/> Other Biometric Data
<input type="checkbox"/> Other (Explain on Tab 8)

4. Based on Question 3, is a SORN required?

***If Yes, has the process begun to obtain/acquire a SORN

Location where the specific applicable System of Records Notice may be accessed:

<input checked="" type="radio"/> Yes	<input type="radio"/> No
<input checked="" type="radio"/> Yes	<input type="radio"/> No

http://www.rms.oil.vt.gov/SOR_Records.asp

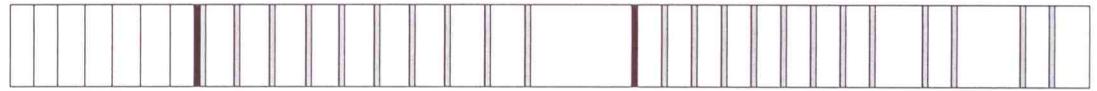
(FY 2012) PIA: Data Collection And Storage

*Green Highlight = Must Answer Question

Please fill in each column for the data types selected

Please fill in each column for the data types selected

Data Type	Collection Method	What are the subjects told about the intended use of their information?	How is this message conveyed to them?	How is a privacy notice provided?
Veteran or Primary Subject's Personal Contact Information (name, address, telephone, etc)	Paper & Electronic	Eligibility	Verbal/Automatic	Verbal/Automatic
Family Relation (spouse, children, parents, grandparents, etc)	Paper & Electronic	Eligibility	Verbal/Automatic	Verbal/Automatic
Service Information	Paper & Electronic	Eligibility	Verbal/Automatic	Verbal/Automatic
Medical Information	Paper & Electronic	Eligibility	Verbal/Automatic	Verbal/Automatic
Criminal Record Information	Paper & Electronic	Eligibility	Verbal/Automatic	Verbal/Automatic
Guardian Information	Paper & Electronic	Eligibility	Verbal/Automatic	Verbal/Automatic
Education Information	Paper & Electronic	Eligibility	Verbal/Automatic	Verbal/Automatic
Benefit Information	Paper & Electronic	Eligibility	Verbal/Automatic	Verbal/Automatic
Other (Explain on Tab 8)				
Data Type	Storage Method	Source (If requested, identify the specific file, entity and/or name of agency)	Is data collection Mandatory or Voluntary?	
Veteran or Primary Subject's Personal Contact Information (name, address, telephone, etc)	<input checked="" type="radio"/> Yes <input type="radio"/> No	VA Files/Databases (Identify File)	<input type="radio"/> Mandatory <input checked="" type="radio"/> Voluntary	
Family Relation (spouse, children, parents, grandparents, etc)	<input checked="" type="radio"/> Yes <input type="radio"/> No	VA Files/Databases (Identify File)	<input type="radio"/> Mandatory <input checked="" type="radio"/> Voluntary	
Service Information	<input checked="" type="radio"/> Yes <input type="radio"/> No	VA Files/Databases (Identify File)	<input type="radio"/> Mandatory <input checked="" type="radio"/> Voluntary	
Medical Information	<input checked="" type="radio"/> Yes <input type="radio"/> No	VA Files/Databases (Identify File)	<input type="radio"/> Mandatory <input checked="" type="radio"/> Voluntary	
Criminal Record Information	<input checked="" type="radio"/> Yes <input type="radio"/> No	VA Files/Databases (Identify File)	<input type="radio"/> Mandatory <input checked="" type="radio"/> Voluntary	
Guardian Information	<input checked="" type="radio"/> Yes <input type="radio"/> No	VA Files/Databases (Identify File)	<input type="radio"/> Mandatory <input checked="" type="radio"/> Voluntary	
Education Information	<input checked="" type="radio"/> Yes <input type="radio"/> No	VA Files/Databases (Identify File)	<input type="radio"/> Mandatory <input checked="" type="radio"/> Voluntary	
Benefit Information	<input checked="" type="radio"/> Yes <input type="radio"/> No	VA Files/Databases (Identify File)	<input type="radio"/> Mandatory <input checked="" type="radio"/> Voluntary	
Other (Explain on Tab 8)				
Proximity and Timing: Is the privacy notice provided at the time of data collection?	(Please Select Yes/No)			
Purpose: Does the privacy notice describe the principal purpose(s) for which the information will be used?	<input checked="" type="radio"/> Yes <input type="radio"/> No			
Authority: Does the privacy notice specify the effects of providing information on a voluntary basis?	<input checked="" type="radio"/> Yes <input type="radio"/> No			
Disclosures: Does the privacy notice specify routine use(s) that may be made of the information?	<input checked="" type="radio"/> Yes <input type="radio"/> No			
(routine use(s))				



(FY 2012) PIA: Data Sharing
*Green Highlight = Must Ans

**** Any connection external to VA requires an ISA/MOU per VA 6550. This section below must be consistent with your System Security Plan Interconnection Security Agreement section.**

** Any connection external to VA requires an IS/MS/MOU per VA 6500. This section below must be consistent with your System Security Plan/Interconnection Security/Agreement section.						
Organization		Name of Agency/Organization	Do they access this system?	Identify the type of Data Sharing	Is PII or PHI Shared?	What is the procedure you reference for the release of information?
Internal Sharing: VA Organization		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Other Veteran Organization		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Other Federal Government Agency		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	
State Government Agency		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Local Government Agency		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Research Entity		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No	
<input type="checkbox"/> Other Project/ System (Explain on Tab B)						
(FY 2012) PIA: Access to Records						
Does the system gather information from another system? Please enter the name of the system:		<input checked="" type="radio"/> Yes <input type="radio"/> No				
(FY 2012) PIA: Secondary Use						
Will PII data be included with any secondary use request? Check all that apply		<input checked="" type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/> Mental Health <input type="checkbox"/> HIV <input type="checkbox"/> Drug/Alcohol Counseling <input type="checkbox"/> Sickle Cell <input type="checkbox"/> Other (Explain on Tab B) <input type="checkbox"/> Research			

(FY 2012) PIA: Access to Records

Does the system gather information from a

Please enter the name of the system:

Will PII data be included with any secondary use requests
 Check all that apply

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5. Data Sharing & Access

(FY 2012) PIA: Records Management *Green Highlight = Must Answer Question

Does this PIA form contain any sensitive information that could cause harm to the Department of Veterans Affairs or any party if disclosed to the public?

Yes (Explain on Tab 8)

No

Is the data collected to only what is necessary to provide requested service?

Yes (Explain on Tab 8)

No (Explain on Tab 8)

Has the data provided been verified as complete?

Veteran Verified

Received From Database

Verification Unknown

(FY 2012) PIA: Retention & Disposal

What is the data retention period?

Answer: Varies but typically indefinite

Explain why the information is needed for the indicated retention period?

Answer: Quality improvement and as required by RCS 10-1

What are the procedures for eliminating data at the end of the retention period?

Answer: Electronic removal by the IT department

Where are these procedures documented?

Answer: Records Management Program and associated policies

How are data retention procedures enforced?

Answer: Records Manager Audit

Has the retention schedule been approved by the National Archives and Records Administration (NARA)

Yes (Explain on Tab 8)

No (Explain on Tab 8)

(FY 2012) PIA: Children's Online Privacy Protection Act (COPPA)

Will information be collected through the internet from children under age 13?

Yes (Explain on Tab 8)

No

(FY 2012) PIA: Security

*Green [Highlight] = Must Answer Question

Is the system/application/program following IT security requirements and procedures required by federal law and policy to ensure that information is appropriately secured.

Has the system/application/program conducted a risk assessment, identified appropriate security controls to protect against that risk, and implemented those controls..

Is security monitoring conducted annually or as needed to ensure that controls continue to work properly, safeguarding the information?

Is adequate physical security in place to protect against unauthorized access?

*Ensure PIA-2, PIA-3, PIA-6, PIA-7, PIA-8 have been addressed appropriately for your categorization

Explain what security risks were identified in the security assessment? (Check all that apply)

<input checked="" type="checkbox"/> Biological Release	<input checked="" type="checkbox"/> Fire	<input checked="" type="checkbox"/> Lightning Strike	<input checked="" type="checkbox"/> Terrorist
<input checked="" type="checkbox"/> Blizzard	<input checked="" type="checkbox"/> Flood	<input checked="" type="checkbox"/> Malicious Code	<input checked="" type="checkbox"/> Thunderstorm
<input checked="" type="checkbox"/> Gunfire/Break In	<input checked="" type="checkbox"/> Hacker/Cracker	<input checked="" type="checkbox"/> Personnel Privacy Negligence	<input checked="" type="checkbox"/> Tornado
<input checked="" type="checkbox"/> Civil Unrest	<input checked="" type="checkbox"/> Hallway/Corridor	<input checked="" type="checkbox"/> Personnel Unavailable	<input checked="" type="checkbox"/> Tsunami
<input checked="" type="checkbox"/> Computer Failure	<input checked="" type="checkbox"/> HAZMAT Release/Efflu	<input checked="" type="checkbox"/> Power Failure	<input checked="" type="checkbox"/> Use Negligence
<input checked="" type="checkbox"/> Dam Failure	<input checked="" type="checkbox"/> Human Health Emergency	<input checked="" type="checkbox"/> Subsidage	<input checked="" type="checkbox"/> User Subsidage
<input checked="" type="checkbox"/> Earthquakes	<input checked="" type="checkbox"/> Hurricane	<input checked="" type="checkbox"/> System Invasion/Break-In	<input checked="" type="checkbox"/> Volcano
<input checked="" type="checkbox"/> Earthquakes	<input checked="" type="checkbox"/> HVAC Failure	<input checked="" type="checkbox"/> System Misconfiguration	
<input checked="" type="checkbox"/> Extreme Cold	<input checked="" type="checkbox"/> Indoor Humidity	<input checked="" type="checkbox"/> System Protection	
<input checked="" type="checkbox"/> Extreme Heat	<input checked="" type="checkbox"/> Latent	<input checked="" type="checkbox"/> System Testing	
		<input checked="" type="checkbox"/> Winter Weather Hazards	

* If any other risks identified, explain in Tab 8
Based upon the risks identified above, Explain what security controls are being used to mitigate these risks. (Check all that apply)

<input checked="" type="checkbox"/> Access Control	<input checked="" type="checkbox"/> Configuration Management	<input checked="" type="checkbox"/> Media Production	<input checked="" type="checkbox"/> System and Services Acquisition
<input checked="" type="checkbox"/> Audit and Accountability	<input checked="" type="checkbox"/> Contingency Planning	<input checked="" type="checkbox"/> Personnel Security	<input checked="" type="checkbox"/> System and Communication Protection
<input checked="" type="checkbox"/> Awareness and Training	<input checked="" type="checkbox"/> Identification and Authentication	<input checked="" type="checkbox"/> Physical and Environmental Protection	<input checked="" type="checkbox"/> System and Information Integrity
<input checked="" type="checkbox"/> Security Assessment and Authorization	<input checked="" type="checkbox"/> Incident Response	<input checked="" type="checkbox"/> Risk Assessment	<input checked="" type="checkbox"/> Planning

Answer: [Other Controls] Explain on Tab 8

PIA: PIA Assessment

Based upon NIST 800-50 volume II: List the information/data types chosen as a basis for your FIPS 199 System Categorization.

Answer:
Health Care Delivery Services

Availability: If the data being collected is not available to process for any reason what will the potential impact be upon the system

Integrity: Assessment: If the data being collected has been corrupted for any reason what will the potential impact be upon the system

(Choose One)

Confidentiality: Assessment: If the data being collected has been shared with unauthorized individuals what will the potential impact be upon the system or organization?

(Choose One)

Confidentiality: Assessment: If the data being collected has been shared with unauthorized individuals what will the potential impact be upon the system or organization?

(Choose One)

Confidentiality: Assessment: If the data being collected has been shared with unauthorized individuals what will the potential impact be upon the system or organization?

(Choose One)

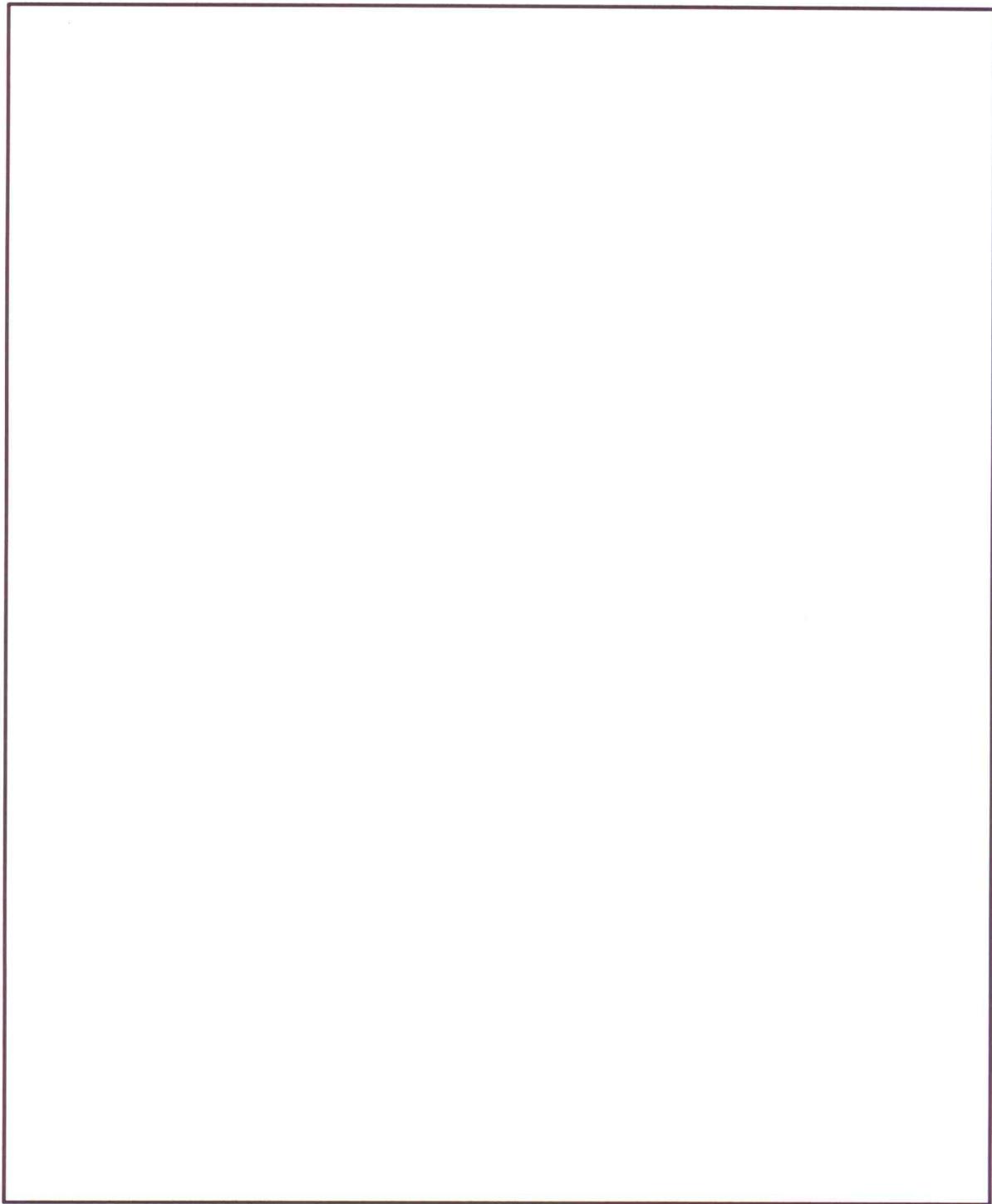
Confidentiality: Assessment: If the data being collected has been shared with unauthorized individuals what will the potential impact be upon the system or organization?

(Choose One)

The controls are being considered for the project based on the selections from the previous assessments.

The minimum security requirements for our high impact system cover seventeen security-related areas with regard to protecting the confidentiality, integrity, and availability of VA information systems and the information processed, stored, and transmitted by those systems. The security-related areas include: access control, awareness and training, audit and accountability, certification, accreditation, and security assessments, configuration management, contingency planning, identification and authentication, incident response, maintenance, media protection, physical and environmental protection, planning, personnel security, risk assessment, systems and services acquisition, system and communications protection, and system integration.

Information integrity Our facility employs all security controls in the respective high impact security control baseline unless specific exceptions have been allowed based on the tailoring guidance provided in NIST Special Publication 800-53 and specific VA directives



(FY 2012) PIA: Additional Comments
Add any additional comments or information that may have been left out for any question. Please indicate the question you are responding to and then add your comments.

(FY 2012) PIA: VBA Minor Applications	
Which of these are sub-components of your system?	
Access Manager	Automated Safe Reporting (ASR)
Actuarial	BEMA Contingency Machines
Agent Orange	Centralized Property Tracking System
Appraisal System	Common Security User Manager (CSUM)
ASSISTS	Compensation and Pension (C&P)
Awards	Control of Veterans Records (COVRS)
Baker System	Dental Records Manager
Braun (CP Hero)	Education Training Website
C&P Payment System	Electronic Appraisal System
C&P Training Website	Electronic Card System (ECS)
CONDO PIUD Builder	Electronic Payroll Deduction (EPD)
EndsSoft	Eligibility Verification Report (EVR)
FOCAS	Fiduciary Beneficiary System (FBS)
Inforce	Financial and Accounting System (FAS)
INS-BIRLS	Insurance Undamaged Liabilities
Insurance Online	Inventory Management System (IMS)
Insurance Self Service	Interactive Voice Response (IVR)
IGY Home Loans	Intergovernmental System
IGY Processing	LCI Home Loans
MES	Loan Guaranty Training Website
Mobilization	Mental Health Assistant
Montgomery GI Bill	National Health Monitoring (NSM)
MUSE	Powerstroke Diction System
Omicell	Rating Board Automation 2000 (RBA2000)
Priv Plus	Records Locator System
RAIMDS	Remittance Processing System
Right Now Web	Review of Quality (ROQ)
SAHSSA	Search Participant Profile (SPP)
Script Pro	Spinal Biurda Program Ch 18
SHARE	State Benefits Reference System
Sidexis	State of Care [Supplemental SOC/SSOC]
Synguest	TelCare Record Manager
VBA Training Academy	VBA Enterprise Messaging System
Veterans Canteen Web	Vocational Rehabilitation & Employment (VRAE) Ch 31
VETNET Housekeeping	Web Electronic Lender Identification
VIT&E Training Website	Web Automated Reference Material System (WARMs)
Web IGY	Web-Enabled Approval Management System (WEAMS)
	Web Service Medical Records (WebsMR)
	Work Study Management System (WSMS)

Explain any minor application that are associated with your installation that does not appear in the list above. Please provide name, brief description, and any comments you may wish to include.

Name	Description
Comments	
Does this minor application store PII?	
If yes, where?	
Who has access to this data?	
Is PII collected by this min or application?	
Does this minor application store PII?	
Comments	
Is PII collected by this min or application?	
Does this minor application store PII?	
If yes, where?	
Who has access to this data?	

(FY 2012) PIA: Final Signatures

*Green Highlight = Must Answer Question

Facility Name:	Jonathan M. Wainwright VAMC
Title:	Name:
Privacy Officer:	Laurie Beauchamp
<u>Yawning Beauchamp</u>	<u>3/14/12</u>
Information Security Officer:	
Sandra Lee	
System Owner/Delegate:	
Gary Ramer	
Chief Information Officer:	
Gary Ramer	
Digital Signature Block	
Date of Report:	2-Mar-12
OMB Unique Project Identifier	029-00-02-00-01-1120-00
Project Name	REGION 1>VHA>VISN20>Walla Walla VAMC>LAN
Other Titles:	0 0

The Signature Process:

- Complete the PIA form.
- Name the PIA Excel FORM ["FY12-Region # - Facility Name - Facility # -Date(mmddyyyy).xls"]
- Example: "FY12-Region3-Lexington VAMC-596-10302008.xls"
 - Submit the completed PIA Excel form to SMART Database.
- Fix errors the reviewers sent back, rename the file and submit to SMART Database
 - If no errors, convert form into PDF with Nuance PDF Professional.
- Name the PIA PDF form ["FY12-Region #-Facility Name- Facility # -Date(mmddyyyy).xls"]
 - Obtain digital signatures on the "Final Signatures tab"
 - Submit signed PIA PDF form to the SMART Database.